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SEP 8 1914

VOL. VII Old Series XXXV



THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL.

ISSUED MONTHLY

SEPTEMBER, 1914

O. C. WELBOURN, A. M., M. D., Editor

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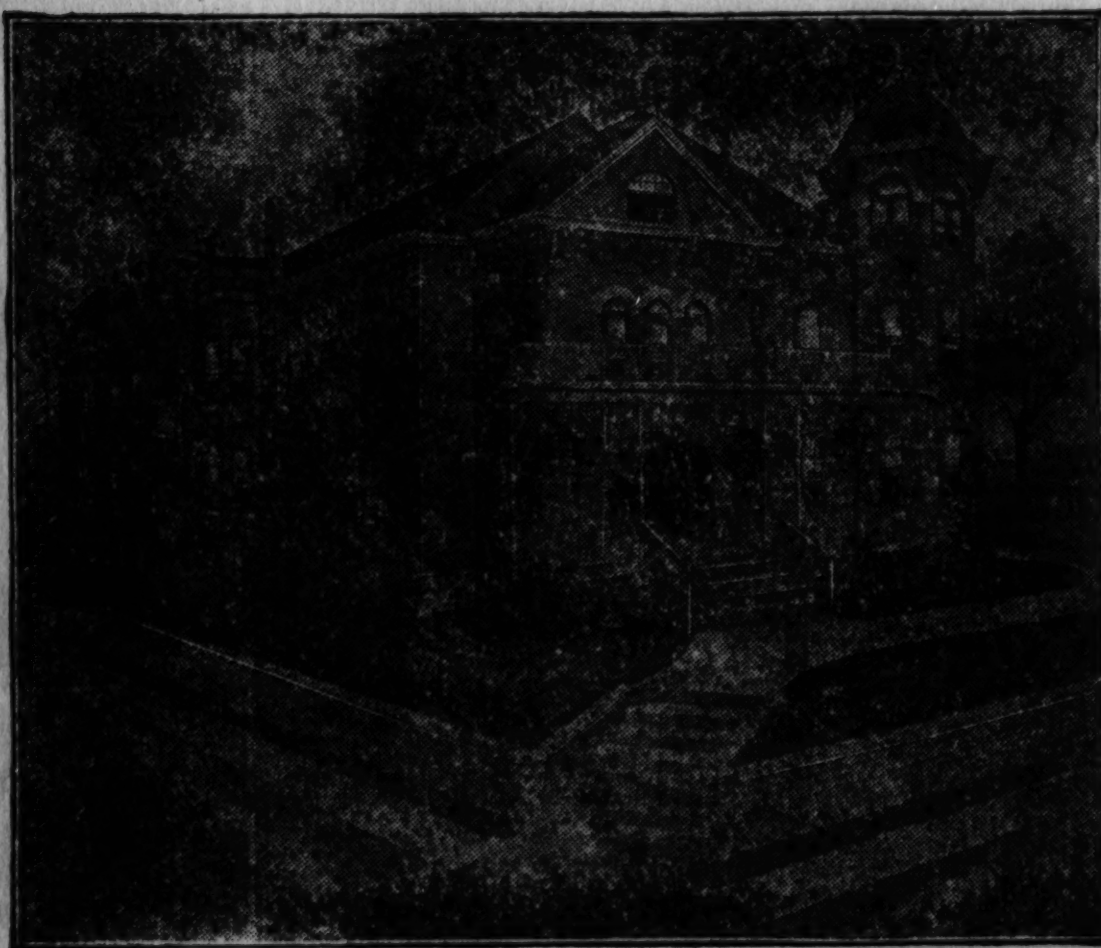
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The California Eclectic Medical Journal

Vol. VII.

SEPTEMBER, 1914

No. 9

Original Contributions

CAUSES OF HUMAN ILLS FROM THE NEUROLOGISTS' POINT OF VIEW

Dr. Edward P. Bailey, Los Angeles, Cal.

Read before the Los Angeles County Eclectic Medical Society.

Preface

To my college and fellow practitioners in the healing art, to the preceptors and professors of this college, I proffer my regards with all due deference.

I respond to the request of our worthy president, Dr. Cox, to read a paper at this our regular meeting. I hesitated when he first asked me for several reasons, chiefly because the tendency of the times is toward complexity and multiplicity; at the rate of the present division and subdivisions in the various "so called" essentials of medical education, the medical student of the near future will at the time of his graduation be either a marvel of memorized medical nomenclature, or a nervous wreck.

I have for some years now been reducing my work to a practical basis of simplicity.

I have made my specialty the treatment of Chronic and Nervous Disorders, because there are too many conditions creating them, because these classes of ailments are least cared for and most deserving of sympathy and help.

I have embraced Neurology, the Duality system, comprising chemistry and mechanics with anatomy and physiology as its foundation and analysis, by dynamic and static test. Our pathology and therapeutics classifies ill as Nervous Derangements, either above or below the normal equilibrium, exhibiting by pain and fever, or deficient sensitiveness and low body heat, irritation and hypertrophy or exhaustion and atrophy. Any technical theorist may assume that his or her interpretation of diseases and treatment is the only correct one, and therefore

upset our conclusions to his or her satisfaction, but we are not in the hair-splitting business. We are too busy doing things effectively and getting results by applying our theories practically.

Extracts "Mature Medicine" (McCormick's System)

Eclecticism stands for all that is best in treating human ailments, and in accord with the Eclectic system which, as Dr. Millasich says, "is choosing from all of the other schools, sects or isms their best modes of treatment and, with the Eclectic system of medicine, curing or relieving the ills of the body." It therefore behooves us, as Eclectic practitioners, proud of the fact standing together solid as the Rock of Gibraltar, working in harmony and unity to so use our intelligence that we be not carried away by a desire to mystify the public with a multiplicity of names for disease. Names for many so-called diseases are nothing but an arbitrary classification of symptoms and a foolish one at that, because the same causes often exhibit different effects in different people, and different causes exhibit the same effects in different people. As Henry Hunn, M. D., says, "A careful physical examination and history of the case as complete as can be obtained are, of course, the essential basis of every diagnosis; but the commonly employed method of comparing the combination of symptoms thus obtained in any case with the various syndromes characteristic of the different diseases until a similar combination can be found, is not altogether satisfactory.

More scientific and instructive is the analysis of each important symptom and the consequent ascertaining of the disease which must cause it under the circumstances (the other symptoms) existing in any individual case which may present itself.

Analysis of cases is necessary to arrive at a diagnosis. Roger W. Babson of Wellesley Hills, Mass., is a statistician and analyst of business conditions. Some time ago, at a convention of medical men, it was asserted he arrived at his results chiefly by guessing. This prompted him to investigate the mistakes of the doctors. He had the results of 2,500 post mortem examinations, made at several hospitals, compared with the history blank filled out by the "diagnostic" physician. The following was the "diagnosis" as compared with actual facts:

Diabetes	Diagnosis 55; actual fact 95
Appendicitis	" 0; " " 80
Typhoid	" 30; " " 90
Cancer	" 35; " " 74

Pneumonia	Diagnosis	30;	actual	fact	74
Tumor	"	30;	"	"	72
Tuberculosis	"	25;	"	"	50
Heart disease	"	20;	"	"	40
Neuritis	"	5;	"	"	16

The neurologist classes the causes of human ills under ten distinct headings, viz.: Congenital, Infection, Malnutrition, Physical Shock, Mental Shock, Physiological Strain, Mental Strain, Habits, Occupation, Atmosphere.

The first, Congenital, includes those who are born perceptibly deformed, and those with lack of development of nerve supply; thus, instead of being able to sustain the body and facilitate growth, it scarcely holds its own or gradually declines in capacity, so that unless great saving in the demands is accomplished by the atrophy of parts, the whole will not survive many years. The hope-inspiring feature lies in the fact that they live, though a humiliation to themselves and objects of pity to others. In these cases we first conserve the nerve force by stopping any avenues of nerve waste, together with necessary manual treatment, appliances and rest, all of which apply notably to congenital causes.

It can be well understood that this class of cases is more difficult of treatment than any other class, by any system of treatment, because we have to take incomplete machinery and develop it.

Second—We have infection. This is given second place because of the possibility of conditions prevailing at the moment of conception in one or both parents which may develop after the child becomes an independent actor; because of the possibility of infection at the moment of birth, or soon after, from conditions unsanitary; because of the possibility of infection from vaccination; because of the possibility of infection from injuries which produce laceration or hypertrophy. With Ludwig Hektoen, M. D., we agree that by infection we generally understand the entrance into the body of living agents; capable of multiplication, most commonly microbes which then cause disease. Such sources of infection may be transmission of said diseases from one person to another—aerial infection, dust infection, droplet infection, water-borne infection, infection by soil or food. We do not, however, accept the theory of contagion from contact, because, if we put up, person for person, those who are "exposed" who do not contract the diseases, alongside those who do contract them, we would have an army division against a corporal's guard. If the effects of contact are to be admitted in evidence, we must admit both pro and con.

Neurologists hold, both from theory and experience, that if the chemical combination exhibited in the body is even approximately what it should be, the body is immune from all causes except accident, so long as it remains in true proportions. Of course we recognize the wear and tear on the machinery, which is part of the great plan of evolution; but when one dies from this cause we do not call it disease.

Third comes Malnutrition. This has both deep and superficial aspects. The former may go clear back to conditions previous to the birth of the parents of the child, thus effects may be passed indirectly to "the children of the third and fourth generations" as the consequences of violation of natural law.

The superficial aspect presents, first the effects on the nursing child of the mother's physical condition, either produced by the chemical development from the food she eats making the milk constantly bad for the child or by the chemical effects upon the lymphatic system from violent mental or physical exercise, which makes the milk temporarily bad. The evidence in support of the latter has been found in the salivary glands and in the mammary glands by chemists. Anyone may observe the effects of violent physical exercise in product of perspiration, which must naturally involve all other departments of the glandular system.

Next comes the cultivated tastes and the indulgence thereof. The doctor must realize that food is a chemical combination, that different articles of food must contain different elements and must contain them in different proportions.

But while diet is an important factor in nutrition it is not the whole thing. The neurologist may find contributing causes in any of the ten departments listed here, any one of which unattended might and would, probably, interfere with perfect nutrition.

In this department we have also to deal with the mental proposition, because if the mind is improperly nourished by so-called education, it may and very often does produce such effects physiologically that the exhibits expose the mentality unerringly.

Under fourth we have Physical Shock, and under this heading we have practically all accidents covered. Of course, we might except those which produce only mental effects; those associated with occupations, such as handling chemicals, and some of the possibility of atmospheric changes, but we will view those in their turn from other standpoints.

The possibilities of physical shock commence with the beginning of foetal life, although the probabilities are slight.

Next comes the moment of birth, when the use of forceps, or possible strangulation by the cord may injure. Next begin possibilities of falls and other accidents of a lifetime.

By far the greatest results of physical shock are spinal lesions, and we should not neglect their importance as etiological factors in disease. Some of the most important causes of spinal lesions which act directly upon the spinal column, or spinal tissues, or musculature are: 1, jars; 2, falls; 3, blows; 4, strains; 5, settling; 6, twisting; 7, muscle tire.

Any of the foregoing causes to any part of the body, to the extremities, or the joints, will affect the spinal column because of the reflex contractions produced by the painful irritation of the afferent nerve endings in the joint, or part that is injured.

If practitioners of the healing art would but give more consideration of this potent agency in the development of pathological processes of acute disease and the continuation and development of chronic disease, we would have less chronic cases and fewer patients seeking help outside the charmed circle of qualified licensed doctors.

Fifth is Mental Shock. As we are speaking of diseases and their causes, we will include the possibilities of a mental shock to the mother during the period of gestation and nursing. Next comes the independence from the mother, and the causes which are so abundant, enumeration could not be made. One person would be frightened by a mouse, another by a ghost and others at real or imaginary things. There can be little doubt that people have been so frightened by coming in contact with so-called contagious diseases that the effects on the chemistry of the body produced reactions corresponding to the disease; and many cases are recorded in which people so frightened by exhibits of ordinary disorders have exhibited the "typical symptoms" of some disease named by the attending physician.

Mental shocks produce insanity of violent and melancholy forms, which might be expressed as "acute and chronic," the latter being, of course, the more hopeless of the two. Mental shocks also exhibit physiologically by suspending functions, thus causing fainting, "heart failure," etc. Neurologists, after considering the causes which produce the direct exhibit, proceed to investigate the contributing causes in the other nine departments, which made the direct exhibit possible.

Sixth—Physiological Strain. This involves the effects of demands upon the nervous supply, which though averaging normal, are excessive because of a deficient supply; also the effects of excessive demands upon the normal capacity. In this department we classify eye-strain, incapacitated livers (from

wrong eating) and anything else which exhibits by failure to functionate properly: as illustrated by indigestion, constipation, dysmemorrhea, etc., exhibiting the symptoms, pain and fever with sometimes hypertrophy or atrophy. Sometimes exhibits in this class come from any of the other nine departments, but we will find them chiefly from habits, mental shock or strain, occupation and congenital causes; the neurologist is careful to go right down the line, however, in making the analysis, before delivering a prognosis. Of all causes in this class, eye-strain is the greatest; if, indeed, it is not the greatest of all causes in any class. We must not forget that while ignorance and eye-strain are two chief causes of many human ills, and their correction would make almost unnecessary other therapeutic agents. Still there are other contributing causes which must be removed by other means. One person may have a luxated vertebra, this is where our manipulations and adjustments come in. Another person suffering from pressure of another kind, caused by a cold possibly, receives the heat and water treatment, another needs dieting and so on down the list.

Seventh—Mental Strain. Some ills are more difficult for us to treat than others, because we have more difficulty in getting at the causes. Sometimes pride, sometimes prudery, sometimes a sense of propriety may cause a patient to withhold essential facts. Mental strain comes from so many disturbing causes and has so many forms of exhibit. The feeling that is called love often exhibits either violently or as melancholia, but when we have fathomed the depth of cause, we discover congenital weakness from lack of balance in the parents, infection from wrong associates, but more often we find the real effect is in a disordered liver, caused partly by disappointment, but largely by improper eating and dissipated habits.

Eighth—Habits. Like all other departments there are two classes, natural and acquired. In the first we have breathing, ingestion of food, egestion of waste and the sex relation. These are largely voluntary (breathing and egestion being the nearest involuntary) but all are voluntary to the extent that if properly educated we may protect the machinery from physiological strain, and thus prevent the mental effects. In this division we advise temperance, according to natural law, but we could not be consistent and advise abstinence. The habit of egestion at proper times is one that is noted more for its breach than for its observance; many thousands of people are suffering from rectal and bladder trouble caused from neglect of a natural duty, and in this respect civilization and education (or rather, lack of education along right lines in this respect) have placed us below animals and savages. True, in some

countries—France, for example, there are abundant public closet facilities, and, happily, a frankness and lack of prudery making private closets available. In no country are the sanitary features of closets comparable to those of America, and in the large cities they are abundant in the large store and office buildings; but in small towns and in the country the situation is deplorable. The sex habit has wrecked many lives, because indulgence under the present conditions has taken the nature of “forbidden fruit;” education, theoretically, has been neglected, hence the disaster from the practical experiences which brought naturally pleasures that induced further indulgence blindly, until not only the body, but the mind became affected. As to the acquired habits in treating them, we appeal through whatever psychology of reason we possess to their manliness or womanliness and cultivate self-control.

Ninth—Occupation. This is so varied that we can see at once the range of possibilities, from the miner in the pit to the steeple Jack in the air, with the painter on the wall in between who may fall, or get painter’s colic. The ills, therefore, may be of chemical or mechanical cause, or both, and either may take the form of shock or strain. Some are more hazardous than others, but that is all.

Tenth—Atmosphere. This is a class which merits close observation, since it causes people to do many things they have not done, and also to avoid many things they were in the habit of doing. For example, people coming from the east to California and noting the warm days do not protect themselves for the night air, they also find often to their cost that the light and airy houses of these parts are very different from the constructions where they come from. The exposure to sudden changes in the weather, particularly in the spring and fall, is about the worst feature.

Summing up this abstract we have the story of cause and effect in four words. In causes, everything must be either chemical or mechanical, or both. In effects, everything must be either shock or strain, or both. Referring to neurological therapeutics, we have briefly: First, analyze and find the possible causes; second, proceed with every case to eliminate all possibilities, assuming, without telling the patient so, that each case is the worst case we ever had. If we put it in single words, we would say chemistry and mechanics, because, in making analysis and in prescribing diets, we have chemistry, and in manipulations and appliances, we have mechanics. We prove our findings with dynamics and static tests. We remove causes, the patient does the nursing, nature does the curing, and we get our money in advance, to insure our instructions will be followed.

INJURIES TO THE MALE URETHRA**Dr. W. A. Harvey, San Francisco, Cal.**

Read before the California State Eclectic Medical Society

I do not expect to introduce any wonderful or miraculous cures of cases of urethral injuries—but instead, wish to report a few cases from different causes, and outline my method of applying the principles of surgery in these cases of severe injury to the deeper urethra which proved successful in every particular.

Case One—Mr. E., age 50, had suffered from stricture of the urethra (a sequel of gonorrhoea) for several years, which finally became complete, owing to an inflammation produced by a vigorous sexual excitement. The result of this sudden impervious condition was the rupture of the attenuated urethra posterior to the stricture, which was located just anterior to the membranous portion.

This rupture permitted a urinary infiltration of the tissues of the scrotum and the cellular tissues of the groins and of the thigh of the right side, for a distance of over three inches from or beyond the scrotal limit, which resulted in the sloughing of the coverings of the right testicle. The treatment consisted of a number of incisions for the drainage of the urine from the tissues and the removal of the sloughs (which were extensive,) and as soon as possible to introduce a small firm standard—a perineal division of the membranous portion of the urethra—through this incision the urethra was thoroughly dilated anteriorly and a retention catheter inserted into the bladder. Through this catheter the bladder was irrigated daily with a weak solution of boracic acid. At the end of one week, the catheter was replaced by a new one, at the end of the third week the perineal wound (including the rupture,) was entirely closed and a number 16am. sound was passed with ease.

Case Two—Mr. F., age 36, carpenter. Fell from a building and was impaled upon a picket fence. One of the pickets entered the right buttock, passing inward and forward. Completely severing the urethra immediately anterior to the prostate gland.

In this case it was impossible to insert an instrument into the bladder through the urethra on account of the retraction and displacement of the proximal end of the urethra—however, this was accomplished through a perineal incision by the aid of a diagnostic-electric lamp.

A catheter was introduced far enough to be visible

through the perineal opening and by the use of the lamp the proximal opening was recognized and the catheter passed on into the bladder. The same care regarding the irrigation and change of the catheter was observed as in the previous case, and the patient left the hospital in perfect health at the end of the ninth week.

Cases three and four were perforations of the urethra by the use of a metal catheter in one case and a sound in the other; in the hands of physicians.

In both cases the perforation was located at the commencement of the membranous portion.

In one case the infiltration (urinary) involved the scrotum and veins—in the other a perineal infiltration and abscess occurred.

In both instances it was impossible to insert an instrument into the bladder, because the lip of tissue at the site of the perforation would invariably deflect the instrument into the false passage.

Perineal incision and retention catheter was employed in both cases with perfect results in three or four weeks, respectively.

What I wish mostly to call attention to is:

First—That many urethral injuries are caused by unskilled persons (physicians included) attempting catheterization or sounding.

Second—The perineal incision for the purposes of locating a severed urethra, dilatation of a stricture and drainage of the tissues in this class of accidents.

Third—The retention catheter for draining and irrigating the bladder.

I will also add that in catheterizing or sounding difficult cases I have frequently been successful where others had failed by causing the patient to sit upon the edge of a chair or bed in such a position that the limbs are extended—the perineum free and the body slightly backward resting upon the hands so placed that in case of syncope the patient would simply fall supine.

GRAND CANYON OF ARIZONA

J. A. Munk, M. D., Los Angeles, Cal.

Last month I made my eighth trip to the Grand Canyon of Arizona. Repeated seeing of the great gorge does not seem to diminish its interest, but rather increases it. It is acknowledged by competent judges to be the greatest natural

wonder in the known world. Its dimensions are so vast that the senses have to be reeducated to fully comprehend its meaning and that requires some time. The Canyon has never been adequately described, nor ever will be, although it seems to be the most written about of any single object in the universe.

It is in the arid region, but the altitude of 7000 feet is sufficient to give it an exceptionally fine summer climate. The atmosphere is cool and dry and evaporation active, which adds much to the physical comfort. It is in the midst of one of the largest pine forests in the world and the fragrance of pine is constantly in the air. It is a quiet, restful place away from the whirl and noise of the city, where the wheels run round and people go distracted. But to receive the greatest relief one must go without taking along the cares and worries of home and business. To make the trip under a high nervous tension and in a hurry to leave almost before getting there does very little good. There must be a proper mental poise of deliberation and relaxation to realize the greatest benefit.

I met again my old friend Captain John Hance, who has been a feature of the Canyon during the past thirty years. The last time I saw him, which was several years ago, he was in the hands of John Barleycorn, who had him completely hors de combat. That attack was his last periodical spree, from which he fully recovered and is now hale and hearty at the advanced age of seventy-seven years. He has made his home in the Canyon for many years and knows it better than any other living man. He has explored the great chasm in every direction and has built several trails, in his time, from the rim to the river.

He is a natural born story teller and has a national reputation in that line. His stories are not always based on facts, but he tells them so circumstantial and with such an air of sincerity that they are readily accepted as the truth. He has a suitable story for every occasion and seldom repeats himself. He told several new ones, but the story of how the rattlesnakes disappeared from the Canyon was exceptionally clever and gave his lady auditors some new thrills. He has lived for years at the Bright Angel camp, as an attraction for the Santa Fe railroad, by helping to entertain the visiting guests. The road is building a section of the Canyon in miniature to exhibit at the Panama-Pacific Exposition in San Francisco next year and the Captain will be there to explain it.

The entire Grand Canyon region, as well as the nearby San Francisco mountains in the vicinity of Flagstaff and Williams, is a volcanic region of unusual interest. Some years ago the government made a biological survey of this region, in

charge of C. H. Merriam, who in his report, describes seven distinct life zones ranging from the Arctic to the Tropic in a radius of twenty-five miles. The Arctic life upon the San Francisco peaks was brought down from Labrador on an immense ice sheet, which at one time covered most of North America; and the tropic life came up the Colorado river and Grand Canyon from the Sonorean desert.

About the same time the San Francisco mountains were in eruption and threw out large quantities of lava and cinders that made mountains and covered the earth and ice to a great depth. The ice, which was thus covered up and preserved, is yet found to be in a perfect state in caves that have been opened in the lava beds. In one of these caves, at the foot of Sunset mountain, an extinct crater with a sunset halo, sixteen miles northeast of Flagstaff and in the center of an inferno of volcanic debris, there is a deposit of clear, pure ice that I had the pleasure of sampling. This deposit of ice extends for fifty miles and its presence is further confirmed by the strong blasts of cold air that rise from the cinder beds of Williams on a hot day. If it is not glacial ice, there is no plausible reason to account for any ice being there at all; but the proof is in the eating.

Not least among the many attractions of Flagstaff is the Lowell Observatory, which was established over twenty years ago by Professor Percival Lowell, to study the stars and especially to note some peculiarities of the red planet Mars. The results of his observations have been given in a series of bulletins and books that are more thrilling than romance, but scientifically true. He has demonstrated beyond a doubt that Mars has both atmosphere and water and is inhabited by intelligent beings who have a comprehensive and co-operative system of irrigation that covers the whole planet. Mars is rapidly going dry and what little water is left is being carefully husbanded to meet the requirements of life. During the winter the water collects at the pole in the form of snow and ice and when these melt in the spring the water is systematically conducted over the land by means of canals, to grow the needed crops to sustain life.

The conditions which prevail on Mars are being duplicated upon the earth as it, too, is undergoing the changes of attenuated atmosphere and diminished water. Already this action has begun in spots and two desert belts now girdle the globe on the lines of the Tropics of Cancer and Capricorn, north and south of the equator. These arid belts are slowly but surely widening until in time they are destined to cover the entire earth, when our fate will be like that of Mars.

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CALIFORNIA STATE BOARD OF MEDICAL EXAMINERS**Held in San Francisco, Cal., July 14, 15, 16 and 17, 1914****MATERIA MEDICA, THERAPEUTICS, PHARMACOLOGY AND
PRESCRIPTION WRITING****S. H. Buteau, M. D.****(Answer Any Ten of the Twelve Questions)**

1. How is apomorphin made? Give its chief physiological action.
2. Give the initial dose of tuberculin. What are the symptoms of an overdose?
3. Give four officinal preparations of mercury and the therapeutics of each.
4. Write a prescription, using no abbreviations, containing the tincture of the chloride of iron, the hydro-chlorate of quinine, the sulphate of magnesia, glycerine and distilled water. Under what conditions would this prescription be especially beneficial as a whole, and what purpose is served by each ingredient?
5. What is dialysis? Illustrate.
6. Name three drugs which stimulate the respiratory center. Six that depress this center.
7. Give eight drugs that, in fairly large doses, are quite liable to produce a cutaneous rash.
8. Under what conditions and why would you prefer digitalis to strophanthus?
9. Name the diseases in which vaccines are of definite value in treatment, or in prevention.
10. Give the treatment of chronic constipation where no definite organic lesion can be demonstrated.
11. Name and give dosage of an alkaloid of the following: Nux vomica, hyoscyamus, belladonna, pilocarpus, coca and scoparius.
12. Give dosage of thyroid extract, its physiological action and its therapeutic uses.

ECLECTIC MATERIA MEDICA**H. V. Brown, M. D.****(Answer Ten Questions Only)**

1. a. Give ingredients and tell how to prepare neutralizing cordial.
b. What is paregoric?
c. How much opium per fluid ounce does laudanum contain?
2. Give treatment for lobar pneumonia in the initial stage.
3. Give complete treatment of post scarlatinal nephritis.
4. Name three remedies of first importance in tonsillitis and give reasons therefor.
5. Name four remedies of importance in chronic skin diseases.
6. What is hexamethylene tetramine before and after elimination?
7. What preparations are obtained from the following: Black sampson, black haw, May apple, cinchona, pickly ash, deadly nightshade.
8. Describe the cough indicating the use of the following remedies, respectively: Drosera, sanguinaria, lobelia, ipecac, ammonium chloride.

9. Write prescriptions for internal and external medication in facial erysipelas.
10. Give emergency medical treatment for puerperal eclampsia.
11. Indicate the derivation and uses of the following drugs: Euphrasia, barosma, berberis, baptisia, asclepias, apocynum.
12. Name two drugs each under the following classification, and give specific indications of same: Diuretic, diaphoretic, antispasmodic, hypnotic, galactagogue, hydragogue, soporific, antipyretic.

BACTERIOLOGY AND PATHOLOGY

Harry E. Alderson, M. D.
(Answer Ten Questions Only)

1. Discuss the bacteriology of cow's milk and cream.
 2. Describe in detail an accepted method of making a complete bacteriological examination of milk.
 3. Discuss the factors upon which the pathogenicity of a given strain of organisms depends.
 4. Describe fully an accurate method of making a blood culture.
 5. Define "anaerobic culture," and describe in detail an approved accurate method of making the same.
 6. Differentiate bacteriologically and pathologically between condyloma acuminatum and condyloma latum.
 7. Describe leukoplakia and discuss one complication.
 8. Describe the pathology of Hodgkins disease, including the blood picture.
 9. Describe briefly the various steps in making a proper routine post mortem (human).
 10. a. Describe fully and discuss one gross pathological process caused by the treponema pallidum.
b. Describe briefly the histopathology of the same.
 11. Describe two specific causes of oedema and discuss the means by which it is caused.
 12. Define and discuss lymphadenitis.
- N. B.—Questions Nos. 4 and 9 must be answered by all applicants.

GENERAL MEDICINE

Dain L. Tasker, D. O.
(Answer Ten Questions Only)

1. Describe taenia saginata (beef tape-worm), symptoms and treatment.
2. Give technique of vaccination against smallpox and describe a normal reaction.
3. Give symptoms and treatment of acute lobar pneumonia.
4. Discuss the primary stage of acquired syphilis.
5. Discuss gonorrheal arthritis.
6. Give symptoms of muscular rheumatism.
7. What are the cutaneous complications of diabetes mellitus? What is the significance of diacetic acid or B-oxybutyric acid in diabetic urine?
8. What are the causes of aortic incompetency, and what are the physical signs of the existence of this lesion?
9. What are the physical signs and symptoms of enteroptosis?
10. Differentiate acute follicular tonsillitis from diphtheria.
11. Give chief characteristics of spleno-medullary leukemia.
12. What conditions are characterized by pain in the precordil region?

ELEMENTARY CHEMISTRY

For Drugless Practitioners
(Answer Five Questions Only)

1. What is the difference between vegetable and animal life from a chemical standpoint?
2. a. How is bone distinguished chemically from other tissues?
b. What is isinglass?
3. Name four nitrogenous extractives of muscle tissue, and describe one in detail.
4. Differentiate between the organized and unorganized sediments of urine. Name three of each.
5. What are the organs of elimination, and what does each eliminate (chemically)?
6. b. How could you determine that the kidney was performing its proper function?
b. What is phenolsulphonephthalein?

TOXICOLOGY

(Answer Five Questions Only)

1. Describe one good color test for morphine.
2. Differentiate between unconsciousness or coma due to alcoholism, apoplexy and uremia.
3. In a supposed case of death, what tests would you apply? Name four.
4. a. What is a safe dose of cocaine subcutaneously?
b. What strength solution of cocaine should be applied to mucous membrane?
c. Give symptoms and treatment of poisoning by cocaine.
5. Give symptoms and treatment of poisoning by chloral hydrate.
6. What changes take place in the blood in poisoning by carbon monoxide gas?

2:45 p. m., July 15th, 1914.

H. V. BROWN, M. D.

CHEMISTRY

(Answer Five Questions Only)

1. Define the following: Alkaloid; ptomain; leucomaine; ester; amino acids.
2. a. From what alkaloid is apomorphine prepared, and by what process?
b. How is heroin obtained?
3. a. What are the amylolytic enzymes, and what is their function?
b. What are the steatolytic enzymes, and what is their function?
c. What are the inverting enzymes and function?
d. Mention two official enzymes, source and function in digestion.
4. a. Discuss the nitrogenous equilibrium.
b. What can be said about the relative digestibility of animal and vegetable protein?
5. Give the practical test for indican in the urine.
6. What is the Diazo reaction and its significance in disease?

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H. V. BROWN, M. D.

HISTOLOGY AND ANATOMY

(Answer five of the first group of six, and five of the second group of six.)

1. Locate, give relations and histology of the parotid gland.
 2. Locate, give relations and histology of the thyroid gland.
 3. Give the histology (briefly) of pancreas.
 4. Give the histology (briefly) of the liver.
 5. Discuss the testis
 6. Give the histology of a medium-sized artery.
 7. Locate the anterior, posterior, middle and superior mediastinum, and give contents of each.
 8. Describe the bony orbit and itemize contents.
 9. a. Describe the ischio rectal fossa.
b. Describe the pelvic fascia in the male.
 10. a. Name the pronators of the hand; nerve supply.
b. Name the supinatoris of the hand; nerve supply.
c. Name extensors of the leg; nerve supply.
d. Name flexors of the leg; nerve supply.
e. Name the flexors of the forearm; nerve supply.
f. Name the extensors of the forearm; nerve supply.
g. Name flexors of the hand; nerve supply.
h. Name extensors of the hand; nerve supply.
i. Name the adductors of the arm; nerve supply.
j. Name the abductors of the arm; nerve supply.
 11. a. Diagram the bones of the foot.
b. Describe the ankle joint.
 12. Discuss the scalp.
- 12 noon, July 15th, 1914.

WM. R. MOLONY, M. D.

OBSTETRICS

(Answer Five Questions Only)

1. a. Describe the mechanism of the gross pathological changes in rachitic pelvis.
b. Name (do not describe) the treatment indicated in impacted transverse presentation.
2. Give conduct of second stage of labor.
3. Name and describe varieties of lochia and give duration of each type.

4. Give all measurements of normal female pelvis and name points through which planes pass.
5. Diagnose L. O. A. from R. O. P. at seventh month.
6. a. Differentiate primary from secondary uterine inertia.
b. Give five causes of dystocia.

GYNECOLOGY

(Answer Five Questions Only)

1. Outline differential diagnosis between right-sided salpyngitis, right-sided ectopic pregnancy and appendicitis.
2. a. Define: Menstruation, menorrhagia, metrorrhagia, dysmenorrhoea, amenorrhoea.
b. Name five causes of uterine hemorrhage.
3. Outline causes of and treatments for vesico-vaginal fistula.
4. a. Name causes and mechanism of retroversion of the uterus.
b. Name indications and contraindications for extra peritoneal operation for same.
5. a. What advice would you give a woman entering the menopause?
b. Name and briefly outline treatment for five abnormal conditions associated with menopause.
6. a. Name most frequent places where pus within the layers of the broad ligament may point.
b. State your opinion, and reason for such opinion, of the use of pessaries.

9 a. m., July 14, 1914.

H. CLIFFORD LOOS, M. D.

PHYSIOLOGY

(Answer Ten Questions Only)

1. a. Discuss the quality and quantity of nourishment required by an adult male at light work, and at heavy work.
b. What should be the proportion between nitrogenous and non-nitrogenous substances in man's diet?
2. Describe the changes that take place in a nerve cell after division of its axis cylinder.
3. a. What is the innervation for the respiratory apparatus?
b. What is the normal stimulus for the respiratory center?
c. Where are the respiratory centers located?
4. a. Give the origin and significance of urea.
b. Describe the fetal circulation.
5. a. Differentiate between cerebral and spinal paralysis in (a) reflexes.
b. What other characteristic differences may be noted?
6. Describe a cardiac cycle.
7. Describe the course of an auditory sensation.
8. Discuss the theories of renal secretion. (Two.)
9. a. What are the principal dangers to be avoided in blood transfusion?
b. What physiological reasons interpose against the use of animals for transfusing blood into human beings?
10. Discuss the heart sounds.
11. Discuss the mechanism of accommodation of the eye.
12. Give origin, course and distribution of the glosso pharyngeal nerve.

9 a. m., July 15th, 1914.

W. W. VANDERBURGH, D. O.

HYGIENE AND SANITATION

(Answer Ten Questions Only)

All candidates must answer questions Nos. 2 and 10.

1. What is cheese? What substances are used to adulterate it? What tests would you use to discover them?
2. Discuss briefly modes of infection in pulmonary tuberculosis.
3. What is a "flush toilet"? What features of its construction are necessary to insure its safety for use in dwelling houses?
4. Describe briefly a technique and apparatus necessary to make a bacteriological examination of a suspected water supply.
5. What is beer? To what adulterants is it liable? What is the hygienic effect of habitual beer drinking?
6. What are the relative values of stoves and fireplaces as heating and ventilating agencies?
7. How is chickenpox spread? What measures would you advise for the purpose of preventing its spread?
8. Discuss the relative value of wool, linen and cotton fiber as clothing material. How could you distinguish these fibers one from another?
9. Discuss the role of: "Aerial transmission" in the spread of contagious diseases.
10. Supposing a case of diphtheria is discovered in a country school; give your instructions to the school authorities so as to prevent the outbreak of an epidemic.
11. Discuss the cause and prevention of ophthalmia neonatorum.
12. What is "mixed flour"? How could you distinguish it?

1 p. m., July 16th, 1914.

SURGERY

(Answer Ten Questions Only)

1. a. How should penetrating wound of the abdomen be treated?
b. Of the chest?
2. a. Differentiate indurated lesions of the lower lip.
b. Give technique of operation for cancer of the lower lip.
3. Give etiology, pathology and treatment of carbuncle.
4. Discuss (very briefly) acute osteomyelitis.
5. Discuss (very briefly) acute appendicitis.
6. In fracture of the femur four inches above the knee—
a. In what position are the fragments?
b. Why so located?
c. Describe the proper dressing, and tell why you would use it.
7. a. Name four different types of club-foot.
b. Describe operation for the cure of one form.
8. a. Diagnose femoral hernia.
b. Describe operation for its cure.
9. Define: (a) laminectomy; (b) pyemia; (c) emphysema; (d) spina-bifida; (e) arthroplasty.
10. Differentiate between renal and gall-stone colic.
11. a. Name the three commonest clinical varieties of phlebectasis (varicosities).
b. What are the three most common complications of phlebectasis?
12. Give the management of fracture of the lower jaw.

9 a. m., July 16th, 1914.

ROBERT A. CAMPBELL, M. D.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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"TWILIGHT SLEEP"

An article under the above catchy title originally appeared in the lay press. It was written in a very entertaining manner, apparently by an expert, and it has excited a good deal of comment from the laity, and profession as well. The laity is interested because it is a popular science article dealing with a subject of great human interest. The profession because of the unfounded hopes that are raised in minds of prospective mothers and the pressure that will be brought to bear to use a method which is applicable to less than five per cent of obstetrical work. Many doctors will not be strong enough to withstand this demand for its indiscriminate use and the ill effects must be learned in a measure by the public before the movement will stop. Then there will be a reaction against the method, but eventually it will occupy its proper place, which we venture to reiterate will not be above five per cent of all obstetrical work. We are convinced of this because of our knowledge of the experience of our colleagues in the use of similar drugs which formerly were used extensively for this purpose, but now are practically abandoned, because it is impossible to avoid the contra-indications in general practice.

A method to be successfully used in normal obstetrical work must be applicable to general use by the general practitioner.

THE CAREER MEDICAL

The Undergraduate Student In Medicine.

Looking backward a few short years upon those first awkward and ill-balanced steps in the study of medicine, there are few men who will not marvel at the leniency of a faculty who bestowed upon them the degree of *Medicina Doctoris*.

Even the university bachelor who sets out from his alma mater to conquer a new kingdom in the field of science, with eye steadfast upon the goal of busy successful practice, must soon find that his way, instead of being paved with roses, is beset by the thorny entanglements of the sphenoid and the labyrinthine wanderings of the branches of the internal carotid. Indeed, anatomy has little respect for proficiency in Arabic or the calculus, but demands of her votaries absolute concentration, industry and much repetition. And so it is with other collateral medical studies. The university man may, therefore, unless he be made of sterling stuff, become discouraged early in his first faltering efforts to acquire the fundamentals, which fact is, perhaps, an exceedingly fortunate thing for the progress of art to the highest level of efficiency. Here as elsewhere the fittest are those who ought to survive, but even the fittest are in some sense mere children groping about in the dark. The candidate for medical honors will soon find that he has chosen a jealous mistress, one who daily will draw upon whatever supply of general knowledge he may possess; and hence the Arabic and the calculus, as remote as they seem to be from the exacting demands of fundamental medicine, may be called upon to show their influence in moulding the plastic mind into an organized, effectual thinking machine.

Doubtless the two most essential factors to a successful pursuit of the curriculum are healthy brains and untiring industry. Neither the one nor the other, if taken alone, will prove sufficient; and the man who is not thus doubly endowed seldom rises above that mediocrity which unfortunately is the limbo in which the majority of mankind is compelled to live and die. But there is a great sense of satisfaction when one has arrived at "the age of reason" in taking an inventory of one's capabilities, and with this bill of particulars in hand in striving to equal the highest standard yet attained in the art to which he should devote his all. The outlook for many is necessarily discouraging, for both natural endowments and opportunities for cultivating knowledge may be sadly lacking, but the will is a remarkable element in every personality when strengthened by love of one's daily tasks

and indomitable courage to carry them out. Now the undergraduate, because his mind is in the formative stage, often fails either because he is possessed of too great conceit or too great temerity, and either, when present to such a degree, is a dangerous asset in the process of career building. It will be noticed that the great man of science stands ever at "the door of humility," eager on the one hand to reach out and grasp unknown truths, and on the other to correct and modify his opinions and theories as occasion may demand. Now the student, while he may admire these splendid qualities in others, often lacks that sense of perspective which could produce in himself the desired effect; and hence he is likely to become hopelessly discouraged or disgustingly arrogant.

To return to the matter of preliminary education, it is certainly much less important how or where a broad, general training was obtained than that it was obtained. Some men, coming for the first time to the cosmopolitan centres of medical education, seem to hold the belief that the name of a great university which has granted them a certificate of merit is a password to all that is worth having. On the contrary, if he does not watch very closely, such an aspirant for medical fame will soon find himself outstripped by the poor farmer's son, whose basic facts on which his superstructure is to be built have been acquired at the little red schoolhouse and beside the untrimmed lamp. The latter knows at least the value of noble sacrifice in the pursuit of an ideal, and will bend all his energies along the straight and narrow path which he assures himself will at last lead him to the goal. In later life the occasion which demands prompt decision, quick action and accurate knowledge will find him not lacking, because he has been fortified against that day through the overcoming of seemingly insurmountable obstacles. It is difficult for most students to learn that the printed page does not contain all that the world is going to require of them, and that not only must they know a subject from the outside or from a given standpoint, but from all sides and from every standpoint. About two minutes of well-directed questioning will sift the knowledge of the average undergraduate to the very bottom, and in the light of this fact the conscientious teacher may derive a hint which will make him popular in his classes; for he who can present a subject most entertainingly and most thoroughly is the teacher who will be longest remembered and revered. The innocent, callow youth who plunges into medicine without chart or compass is to be pitied. Some of us have painful memories of that sort which we would gladly exchange. The physician's son who profits by the wise counsel

of his father is to be congratulated, and no young doctor should feel too ashamed because his father does not know as much as he himself does.

With the great advances constantly being made in the diagnosis and treatment of disease the student should remember that his active intellectual harvest pursued with diligence for some four years must not end; for, once a student, he must be always a student if his life and his work are to count for anything. The intellectually lazy will, therefore, soon find himself outstripped and will rapidly pass into that condition of decline from which the only escape is either a return to the fundamentals or the taking up of a new calling.—Ed. The Dietetic and Hygienic Gazette.

THE PRESENT-DAY DOCTORS

By E. R. Waterhouse, M. D., St. Louis.

The sorrows of the sire becomes great, as he beholds his children crying for bread. This applies to the conditions that are now facing the American Medical Association. It is a well known fact that for years the people have been losing respect for the physician, until today he stands as a sort of commercial figure, along with the barber and the plumber. Years ago the old family physician was loved, and stood nearer to the heart of the household than did any other outside of a direct blood relative. The words of advice from the good old family doctor, were cherished as if it had been sent from the higher world. Today we see the people chasing after "strange gods." The following of Christian Scientists, osteopaths, chiropractics, etc., etc., number into the millions. Why has this change come upon us? It is the result of a backward trend in their college teachings, and to the fact that the modern physician is no longer able to "deliver the goods," and the confidence of the people has gone glimmering.

At this day the study of therapeutics has given way to the technique of the knife. Drug study has been almost entirely abandoned in the colleges under the diction of the A. M. A.

Their students launching themselves upon the field of medical practice are entirely ignorant of therapeutics or the laws governing the administration of drugs. They pin their faith to the knife and some half-dozen remedies, mostly narcotics. What is the result? Too much surgery, too high a death rate and too much misery and uncertainty. When a man finds that one of his family has pneumonia he is at a loss to know who to run after, the doctor or the undertaker. If he gets

the former he is almost certain that he needs the latter before the scene is closed.

Had this student dug deep into the study of drug action and obtained a working knowledge of some five hundred important remedies his work would have been crowned with a degree of success that would have intrenched him in the confidence of the family so that no Christian Scientist could have ousted him. No osteopath with his thumb-digging, rib-punching gymnastics could drive him from the family. Today this class of physicians are setting up a mighty howl and are asking for laws to down their competitors, and further laws to compel the people to employ them, whether the said people want them or not.

The first in line of this legislation is the compulsory examination of school children. The little Dr. Two-by-four, with his hungry look that betokens his \$40 a month salary, informs the parents by a note that Johnny has adenoids, and a very bad condition of his tonsils, and that they should take him to a physician at once, and that Dr. Smith, who lives just around the corner, is an expert in this class of cases. Does Dr. Two-by-four get the rake-off? Oh, no, probably not; he works for the love of those dear children. Another child has a trouble with his nose, another has worms, and still another has analstrabismus, or some other outrageous trouble. If the child belongs to a family who employs an eclectic, or homoeopathic physician, these notes seem to come with great regularity and the child is also informed by this dwarfed mentality, "It is a wonder that your family physician could not see the frightful condition that your nose and throat are in." All this leads up to the one thing to get more money for the "chosen," and to bleed the public to keep up the style of these royal-blooded aristocrats of the A. M. A.

Fifty years ago, long before old Doc Simmons displayed his quack advertisements in the Lincoln, Neb., newspapers, (see Jim Jam Jems, published by Sam H. Clark at Bismarck, N. Dak., June number, 1913) advertising his homoeopathic "nibs" as being able to cure any of the 57 varieties of diseases. When we had to get up at five o'clock in the morning, feed the cattle and milk the cows, cut holes in the ice of the pond to allow the stock to drink, then walk two miles to school, sit on a bench, split out of the soft side of an oak log with but few of the splinters removed, sit there until corns grew upon the unmentionable part of our anatomy, this A. M. A. gang did not concern themselves about our nose, or did it concern us further than to have a good soft coat sleeve to wipe it on.

At this day of butcher shop therapeutics, fully half of this allopathic school of medicine are scarcely making a living from their practice. Thousands of them do not take in three hundred dollars a year, or, in other words, there are thousands of hungry doctors abroad in the land, pulling every string and wrecking their overworked mentality to increase their income, and is it any wonder that this malodorous Simmons gang should strive to lend a helping hand to their unfortunate children.

They have already secured all the jobs under government control. The army, the navy and marine hospital service, pension examiners and numerous other positions, and now they ask laws to create other offices for this hungry horde. Thousands of physicians are examining school children, and now comes a resolution that, according to the newspaper reports, was pushed through at the recent meeting of the A. M. A. in the East. The Associated Press says "It was the opinion of the 3,500 members of the convention that the public welfare would be conserved if every man, woman and child in the United States were to be subjected to a compulsory medical examination as to physical fitness once every year." Dr. Harvey W. Wiley told the Mothers Club in Washington recently that "the day is coming when every pupil will be forced to undergo a strict medical examination."

In a recent editorial in the St. Louis Post Dispatch they point out that this all means that a large number of physicians are desirous of fastening upon the people a sort of medical tyranny. Its editor says that in a city the size of Chicago it would require the appointment of over 300 medical examiners at a cost of over \$360,000 a year.

Compulsory medical examination of all the population would be but a step from compulsory examination of all the school children. One of the advocates of such wholesale compulsory medical examination is Dr. S. S. Goldwater, commissioner of health of New York City. It is, of course, urged that such a scheme would protect the people against disease and conduce to longevity. (All this is worked under the cover of their great love for the dear people, while the important part, which is the money end of the transaction is kept under their hat). The editor of the "Post" further says: "Health is, of course, priceless, but so is personal liberty. Of the two, the universal verdict of mankind has been that personal liberty comes first."

I am pleased at the stand that this great paper is taking on this important subject and I feel sure that it is in strict ac-

cord with the wishes of every liberty-loving citizen who stands outside this grafting octopus.

Great scheme this, to create offices to legalize the robbery of a hundred millions of people who reside in what has been believed to be a free country. To create offices to feed the hungry hangers-on of this rotten A. M. A.

We will say that the minimum fee for such medical examination would be \$1 each, and with our population at a hundred million people in the United States, would foot up to a nice little sum of \$100,000,000 to be filched from the hard-working toilers of this country to bolster up this old English system of medicine, (which in itself is un-American), in the endeavor to create and perpetuate a medical trust.

A recent statement of one of their lieutenants, which is none other than U. S. Commissioner of Education, stated in his report (which was copied from a report upon education by a committee of the A. M. A.), that "all sectarian schools of medicine must go."

The big hog has spoken; they want the whole of this one hundred million of dollars all to themselves and are going to see that not a cent of this modest little "blood money" gets away. With a clear field the public is to be bled from both body and pocket to the satisfaction of this class who seek to intrench themselves behind national legislation. This voices the true inwardness of all of these self-appointed judges of their own righteousness.

How long will the intelligent people of this great commonwealth stand for such damnable serfdom? How long will they blandly submit to this encroachment upon their personal liberty? No laws should be enacted to give special privileges to special classes of people and especially as applied to medical practice, but every physician should stand upon an equal footing, to rise or fall, according to his success as a practitioner, as judged by those who employ him.

Did anybody ever hear of an eclectic or a homoeopath asking for laws to protect him from competition from other schools of medicine? All they ask is to be allowed to be judged by the people, to be compared with physicians of other schools, to line up their cures and their death rates with any class of physicians upon God's green earth.—Eclectic Review.

SOCIETY CALENDAR

National Eclectic Medical Association meets in San Francisco, June, 1915. T. D. Alderman, M. D., New York, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco May, 1915. A. J. Atkins, M. D., San Francisco, President; H. F. Scudder, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915, O. C. Darling, M. D., Riverside, President; H. C. Smith, M. D., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. T. Cox, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular meeting of the Los Angeles County Eclectic Medical Society was held on Tuesday, August 4, at 8 p. m., at the college.

The minutes of the previous meeting were read and approved.

The applications for membership of Dr. H. B. McDaniel and Dr. L. R. Edwards were received and passed over to the Board of Censors for action. The names of the graduating class of the C. E. M. C. for 1914 were also received and referred to the same committee.

Dr. Harry Watson, recently from New York, read a paper, entitled "Early Diagnosis of Gastric Cancer," illustrated with lantern slides. The lecture was highly instructive and entertaining and was greatly appreciated by the audience. Dr. E. P. Bailey read an interesting paper, entitled "Causes of Human Ills From the Neurologist's Point of View." Because of the lateness of the hour the discussion was made short. It was moved, seconded and duly carried that the society extend a vote of thanks to Dr. Watson, who is not a member of this society, for his kindness in presenting his paper.

Dr. O. C. Welbourn stated that a number of politicians desired to present their claims for public office and meet the members of the society at some date prior to the approaching primary elections. The president presented the matter for discussion and it was decided to have an open meeting during the month for this purpose.

The next meeting will be September 1st at which time the subject of "Internal Secretions" will be discussed. Dr. New-

ton will lead the discussion on "Therapy," Dr. Fullmer will speak on "Physiology of the Internal Secretions" and Dr. Young will follow with "Pathological Physiology."

Adjournment.

H. T. COX, Pres.

P. M. WELBOURN, Secy.

COLLEGE NOTES

Herbert T. Cox, M. D.

At the general college clinic, held daily from 2 to 4 p. m., last year there were treated over 1000 patients, which being afflicted with various ailments furnished sufficient material for demonstration of the majority of diseases. Complete histories were taken in 673 cases, a good percentage of the cases furnished material for laboratory diagnosis as well as clinical, which was profitable to the students, in that they could study the patient and check symptoms and laboratory findings. Because of the various changes in the management of the clinic throughout the year, the total number of treatments given to or visits made by the patients is not obtainable, but from statistics, generally averages at least five per each patient.

During the term 1200 original prescriptions were written for these cases, and filled by the pharmacist in charge of the drug room. This is a very good clinic when it is taken into consideration that the classes were not so large but that each student could personally observe the cases.

The coming year the clinic hour will be changed from 2 to 4 p. m. to 1 to 2 p. m. This will work out to advantage for the clinic and patients also. Many patients can call at that time who are employed so that they can not call between 2 and 4 p. m. The clinic will also secure the services of some specialists in their respective branches to handle the special clinics who could not do so heretofore because of office hours conflicting. Dr. Barbrick will have charge as director of clinics, and we feel sure that the coming year will see the clinical instruction raised to a high standard of efficiency. Prof. Barbrick has had personal experience in conducting clinics, and has attended some of the largest clinics both in America and abroad. We also feel sure that all of the professors will rally under his leadership and lend the valuable aid in utilizing the abundant clinical material which is sure to be available.

Don't forget that the C. E. M. C. opens September 14th, 1914, for its thirty-sixth term. Right now is the time to send in that young man for a course, who will be needed in the community when you get too old to make night calls. If you don't

need him, send him and let him go and help some other Eclectic in four years' time.

H. W. Crook, M. D., graduate of class of 1914, is locating near Slauson Junction.

S. M. Wilson, M. D., graduate of class 1914, has located at Inglewood, and for the present also has morning hours in the city.

Professor Roath has a new Overland car.

Dr. G. W. Groth has been looking after the clinical cases during vacation.

NEWS ITEMS

Dr. O. C. Darling, Riverside, was in Los Angeles several times last month.

Dr. and Mrs. Zahn who drove East early in the summer intending to tour Europe, visited relatives in Virginia for a time. War has caused them to postpone the European trip and their return will be made at once. Dr. Zahn has changed his Los Angeles address to 5254 Virginia avenue.

Dr. J. B. Mitchell, San Francisco, has returned to his practice after an absence of a few weeks spent in the Yosemite Valley.

Married, recently in Los Angeles, Dr. J. Park Dougall and Miss Helen Gertrude Burnett. The Journal extends congratulations.

Dr. B. E. Fullmer took his vacation during August. Mrs. Fullmer is visiting in Seattle.

Dr. M. Blanche Bolton, San Pedro, left August 6th for her vacation going to Alaska.

Died: Dr. F. S. Kurpiers, August 21st, 1914, in Los Angeles, the result of an automobile accident. Dr. Kurpiers was the "innocent bystander" to an automobile collision, one of the machines running on to the sidewalk and injuring the doctor so severely that he survived only a few hours. Dr. Kurpiers graduated from the C. E. M. C. in the class of 1913 but has never practiced. After graduating he entered a college in Denver for further study and at the time of his death was spending his summer vacation in Los Angeles.

Textbook of Histology, by Fredrick R. Bailey, A. M., M. D. Fourth edition revised. 644 pages. Profusely illustrated. Wm. Wood & Co., New York. 1913. Price, \$3.50.

A very complete textbook on Histology, and with much of the "padding of theory" left out, which is so dense in some books as to confuse the new student. All facts are systematically and logically arranged by means of heads and sub-heads so that it is of great value as a reference book as well as a textbook. The illustrations which clearly explain the subject matter in each instance, seem to have been gathered from the best of sources. Bailey's Histology has been the textbook of first choice in the California Eclectic Medical College for four years.

Be a Booster

Take this application blank to any friend who is not a member and tell him about the advantages of your State Society and its annual meetings. Tell him about the advantages of belonging to the National, and that he ought to help in its work or organization, and that the National Quarterly, of over 400 pages, is alone worth the small amount of annual dues, \$2.00. Show him what he is missing by not being with us, and get him to sign this application blank, and you mail it to your State Society Secretary, and get credit for securing a new member.

BE A BOOSTER. There are 6800 Eclectic physicians in the United States, and scarcely 1500 belong to the National, and possibly 2300 to the various State Societies. You can help us secure affiliation by some new member. **DO IT NOW.**

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I find Zematol the best preparation I have ever used for itching piles. Dr. D. J. Tucker, Gordonville, Texas.

Gentlemen: Recently a small patch of Eczema, which has bothered me more or less for years, began to trouble me, and I found Zematol the very best application I have ever used. It relieved the itching immediately and under its use the skin has become smooth again. L. C. Cox, M. D., San Francisco, Calif.

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BOVININE, ITS USE IN ANAEMIA

It has now come to be thoroughly appreciated that anaemias are due to both the increased destruction of the red blood cell and to deficient blood cell formation on the part of such structures as the bone marrow.

The ideal treatment of anaemia therefore, is not only to replace the lost hemoglobin of the blood by administering iron,

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Wm. N. Mundy, M. D., Editor

Forest, Ohio

but to diminish the destructive processes and stimulate and promote the process of blood formation.

The finest results recently obtained in the treatment of severe anaemias have been in those cases where transfusions of normal blood have been given. Not only are fresh red blood cells with their contained iron added in this way but substances in the blood serum are added which stimulate the process of blood formation and diminish the destructive processes going on. Moreover it is found in these cases that the improvement is often permanent with little or no tendency for the blood to revert to its previous condition.

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